

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-weight: bold;">10673720</div>		Filing Date		
							Applicant(s)				
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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10. *Journal of the American Medical Association*, 277:1033-1034, 1997

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\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
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Total Indep	1					
Total Depend	0					
Total Claims	1					

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